## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. DEP. IND. IND. TOTAL TOTAL DEP. TOTAL CLAIMS TOTAL 29

\*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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